

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-041974

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 70

Primary Registration District No. 4126

Registrar's No.

FILED DEC 3 1962

VS 300  
Rev. 4/59

1 6230

2 0730

3

4 0

5 1

6

7 0

8 2

9 581.0

10

11

12 90-2

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

## 1. PLACE OF DEATH

a. COUNTY

Clark

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Wyaconda mo

Length of stay in 1b

2. FULL NAME OF DECEASED (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION WyacondaInside Limits  
Yes ☒ No ☐3. USUAL RESIDENCE (Where deceased lived. If institution: Residence Institution)  
a. STATE MO b. COUNTY Scotlandc. CITY  
OR TOWN WyacondaInside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS

(If outside, give location)

Reside on Farm  
Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Joseph Lynn Cooper

5. SEX

M

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Apr 2 1901

61

9. AGE (last birthday)

10. IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Clonze Ste Cooper

13b. MOTHER'S MAIDEN NAME

Pennie Clough

14. NAME OF HUSBAND OR WIFE

Alva Mae Cooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Hepatic cirrhosis

INTERVAL BETWEEN  
ONSET AND DEATH

Unknown

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Apr 1 '61 to Nov 12 '62 and last saw him alive on Nov 11 '62  
Death occurred at 1:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

DEC 4 1962

DEC 3 - 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed George Guth

Licensed Embalmer No. 5091

P. O. Address Memphis, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.